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110TH CONGRESS  
1ST SESSION**S. 1687****[Report No. 110–152]**

To provide for global pathogen surveillance and response.

## IN THE SENATE OF THE UNITED STATES

JUNE 25, 2007

Mr. BIDEN (for himself, Mr. HAGEL, Mr. KENNEDY, and Mr. CASEY) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

SEPTEMBER 11, 2007

Reported by Mr. BIDEN, without amendment

**A BILL**

To provide for global pathogen surveillance and response.

1 *Be it enacted by the Senate and House of Representa-*  
 2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Global Pathogen Sur-  
 5veillance Act of 2007”.

1 **SEC. 2. FINDINGS; PURPOSE.**

2 (a) FINDINGS.—Congress makes the following find-  
3 ings:

4 (1) The frequency of the occurrence of biologi-  
5 cal events that could threaten the national security  
6 of the United States has increased and is likely in-  
7 creasing. The threat to the United States from such  
8 events includes threats from diseases that infect hu-  
9 mans, animals, or plants regardless of if such dis-  
10 eases are introduced naturally, accidentally, or inten-  
11 tionally.

12 (2) The United States lacks an effective and  
13 real-time system to detect, identify, contain, and re-  
14 spond to global threats and also lacks an effective  
15 mechanism to disseminate information to the na-  
16 tional response community if such threats arise.

17 (3) Bioterrorism poses a grave national security  
18 threat to the United States. The insidious nature of  
19 a bioterrorist attack, the likelihood that the recogni-  
20 tion of such an attack would be delayed, and the  
21 underpreparedness of the domestic public health in-  
22 frastructure to respond to such an attack could re-  
23 sult in catastrophic consequences following a biologi-  
24 cal weapons attack against the United States.

25 (4) The ability to recognize that a country or  
26 organization is carrying out a covert biological weap-

1        ons programs is dependent on a number of indica-  
2        tions and warnings. A critical component of this rec-  
3        ognition is the timely detection of sentinel events  
4        such as laboratory accidents and community-level  
5        outbreaks that could be the earliest indication of an  
6        emerging bioterrorist program in a foreign country.  
7        Early detection of such events may enable earlier  
8        counterproliferation intervention.

9            (5) A contagious pathogen engineered as a bio-  
10        logical weapon and developed, tested, produced, or  
11        released in a foreign country could quickly spread to  
12        the United States. Considering the realities of inter-  
13        national travel, trade, and migration patterns, a  
14        dangerous pathogen appearing naturally, acciden-  
15        tally, or intentionally anywhere in the world can  
16        spread to the United States in a matter of days, be-  
17        fore any effective quarantine or isolation measures  
18        could be implemented.

19            (6) To combat bioterrorism effectively and en-  
20        sure that the United States is fully prepared to pre-  
21        vent, recognize, and contain a biological weapons at-  
22        tack, or emerging infectious disease, measures to  
23        strengthen the domestic public health infrastructure  
24        and improve domestic event detection, surveillance,

1 and response, while absolutely essential, are not suf-  
2 ficient.

3 (7) The United States should enhance coopera-  
4 tion with the World Health Organization, regional  
5 international health organizations, and individual  
6 countries, including data sharing with appropriate  
7 agencies and departments of the United States, to  
8 help detect and quickly contain infectious disease  
9 outbreaks or a bioterrorism agent before such a dis-  
10 ease or agent is spread.

11 (8) The World Health Organization has done  
12 an impressive job in monitoring infectious disease  
13 outbreaks around the world, particularly with the es-  
14 tablishment in April 2000 of the Global Outbreak  
15 Alert and Response Network.

16 (9) The capabilities of the World Health Orga-  
17 nization depend on the timeliness and quality of the  
18 data and information the Organization receives from  
19 the countries that are members of the Organization,  
20 pursuant to the 2005 revision of the International  
21 Health Regulations. Developing countries, in par-  
22 ticular, often lack the necessary resources to build  
23 and maintain effective public health infrastructures.

24 (10) In particular, developing countries could  
25 benefit from—

1 (A) better trained public health profes-  
2 sionals and epidemiologists to recognize disease  
3 patterns;

4 (B) appropriate laboratory equipment for  
5 diagnosis of pathogens;

6 (C) disease reporting systems that—

7 (i) are based on disease and syndrome  
8 surveillance; and

9 (ii) could enable an effective response  
10 to a biological event to begin at the earliest  
11 possible opportunity;

12 (D) a narrowing of the existing technology  
13 gap in disease and syndrome surveillance capa-  
14 bilities, based on reported symptoms, and real-  
15 time information dissemination to public health  
16 officials; and

17 (E) appropriate communications equip-  
18 ment and information technology to efficiently  
19 transmit information and data within national,  
20 international regional, and international health  
21 networks, including inexpensive, Internet-based  
22 Geographic Information Systems (GIS) and rel-  
23 evant telephone-based systems for early recogni-  
24 tion and diagnosis of diseases.

1           (11) An effective international capability to de-  
2       tect, monitor, and quickly diagnose infectious disease  
3       outbreaks will offer dividends not only in the event  
4       of biological weapons development, testing, produc-  
5       tion, and attack, but also in the more likely cases of  
6       naturally occurring infectious disease outbreaks that  
7       could threaten the United States. Furthermore, a  
8       robust surveillance system will serve to deter, pre-  
9       vent, or contain terrorist use of biological weapons,  
10      mitigating the intended effects of such malevolent  
11      uses.

12      (b) PURPOSES.—The purposes of this Act are as fol-  
13      lows:

14           (1) To provide the United States with an effec-  
15      tive and real-time system to detect biological threats  
16      that—

17           (A) utilizes classified and unclassified in-  
18      formation to detect such threats; and

19           (B) may be utilized by the human or the  
20      agricultural domestic disease response commu-  
21      nity.

22           (2) To enhance the capability of the inter-  
23      national community, through the World Health Or-  
24      ganization and individual countries, to detect, iden-  
25      tify, and contain infectious disease outbreaks, wheth-

er the cause of those outbreaks is intentional human action or natural in origin.

(3) To enhance the training of public health professionals and epidemiologists from eligible developing countries in advanced Internet-based disease and syndrome surveillance systems, in addition to traditional epidemiology methods, so that such professionals and epidemiologists may better detect, diagnose, and contain infectious disease outbreaks, especially such outbreaks caused by the pathogens that may be likely to be used in a biological weapons attack.

(4) To provide assistance to developing countries to purchase appropriate communications equipment and information technology to detect, analyze, and report biological threats, including—

(A) relevant computer equipment, Internet connectivity mechanisms, and telephone-based applications to effectively gather, analyze, and transmit public health information for infectious disease surveillance and diagnosis; and

(B) appropriate computer equipment and Internet connectivity mechanisms—

(i) to facilitate the exchange of Geographic Information Systems-based disease

1                   and syndrome surveillance information;  
2                   and

3                   (ii) to effectively gather, analyze, and  
4                   transmit public health information for in-  
5                   fectious disease surveillance and diagnosis.

6           (5) To make available greater numbers of pub-  
7   lic health professionals who are employed by the  
8   Government of the United States to international re-  
9   gional and international health organizations, inter-  
10   national regional and international health networks,  
11   and United States diplomatic missions, as appro-  
12   priate.

13           (6) To expand the training and outreach activi-  
14   ties of United States laboratories located in foreign  
15   countries, including the Centers for Disease Control  
16   and Prevention or Department of Defense labora-  
17   tories, to enhance the public health capabilities of  
18   developing countries.

19           (7) To provide appropriate technical assistance  
20   to existing international regional and international  
21   health networks and, as appropriate, seed money for  
22   new international regional and international net-  
23   works.

24   **SEC. 3. DEFINITIONS.**

25       In this Act:



1           (1) ELIGIBLE DEVELOPING COUNTRY.—The  
2           term “eligible developing country” means any devel-  
3           oping country that—

4                   (A) has agreed to the objective of fully  
5                   complying with requirements of the World  
6                   Health Organization on reporting public health  
7                   information on outbreaks of infectious diseases;

8                   (B) has not been determined by the Sec-  
9                   retary, for purposes of section 40 of the Arms  
10                  Export Control Act (22 U.S.C. 2780), section  
11                  620A of the Foreign Assistance Act of 1961  
12                  (22 U.S.C. 2371), or section 6(j) of the Export  
13                  Administration Act of 1979 (as in effect pursu-  
14                  ant to the International Emergency Economic  
15                  Powers Act; 50 U.S.C. 1701 et seq.), to have  
16                  repeatedly provided support for acts of inter-  
17                  national terrorism, unless the Secretary exer-  
18                  cises a waiver certifying that it is in the na-  
19                  tional interest of the United States to provide  
20                  assistance under the provisions of this Act; and

21                  (C) is a party to the Convention on the  
22                  Prohibition of the Development, Production and  
23                  Stockpiling of Bacteriological (Biological) and  
24                  Toxin Weapons and on Their Destruction, done

1 at Washington, London, and Moscow April 10,  
2 1972 (26 UST 583).

3 (2) ELIGIBLE NATIONAL.—The term “eligible  
4 national” means any citizen or national of an eligible  
5 developing country who—

6 (A) does not have a criminal background;

7 (B) is not on any immigration or other  
8 United States watch list; and

9 (C) is not affiliated with any foreign ter-  
10 rorist organization.

11 (3) INTERNATIONAL HEALTH ORGANIZATION.—  
12 The term “international health organization” in-  
13 cludes the World Health Organization, regional of-  
14 fices of the World Health Organization, and inter-  
15 national health organizations, such as the Pan  
16 American Health Organization.

17 (4) LABORATORY.—The term “laboratory”  
18 means a facility for the biological, microbiological,  
19 serological, chemical, immuno-hematological,  
20 hematological, biophysical, cytological, pathological,  
21 or other medical examination of materials derived  
22 from the human body for the purpose of providing  
23 information for the diagnosis, prevention, or treat-  
24 ment of any disease or impairment of, or the assess-  
25 ment of the health of, human beings.

1           (5) SECRETARY.—Unless otherwise provided,  
2       the term “Secretary” means the Secretary of State.

3           (6) DISEASE AND SYNDROME SURVEILLANCE.—  
4       The term “disease and syndrome surveillance”  
5       means the recording of clinician-reported symptoms  
6       (patient complaints) and signs (derived from phys-  
7       ical examination and laboratory data) combined with  
8       simple geographic locators to track the emergence of  
9       a disease in a population.

10 **SEC. 4. ELIGIBILITY FOR ASSISTANCE.**

11       (a) IN GENERAL.—Except as provided in subsection  
12 (b), assistance may be provided to an eligible developing  
13 country under any provision of this Act only if the govern-  
14 ment of the eligible developing country—

15           (1) permits personnel from the World Health  
16       Organization and the Centers for Disease Control  
17       and Prevention to investigate outbreaks of infectious  
18       diseases within the borders of such country; and

19           (2) provides pathogen surveillance data to the  
20       appropriate agencies and departments of the United  
21       States and to international health organizations.

22       (b) WAIVER.—The Secretary may waive the prohibi-  
23 tion set out in subsection (a) if the Secretary determines  
24 that it is in the national interest of the United States to  
25 provide such a waiver.

1 **SEC. 5. RESTRICTION.**

2 (a) IN GENERAL.—Notwithstanding any other provi-  
 3 sion of this Act, no foreign national participating in a pro-  
 4 gram authorized under this Act shall have access, during  
 5 the course of such participation, to a select agent or toxin  
 6 described in section 73.4 of title 42, Code of Federal Reg-  
 7 ulations (or any corresponding similar regulation) or an  
 8 overlap select agent or toxin described in section 73.5 of  
 9 such title (or any corresponding similar regulation) that  
 10 may be used as, or in, a biological weapon, except in a  
 11 supervised and controlled setting.

12 (b) RELATIONSHIP TO REGULATIONS.—The restric-  
 13 tion set out in subsection (a) may not be construed to limit  
 14 the ability of the Secretary of Health and Human Services  
 15 to prescribe, through regulation, standards for the han-  
 16 dling of a select agent or toxin or an overlap select agent  
 17 or toxin described in such subsection.

18 **SEC. 6. FELLOWSHIP PROGRAM.**

19 (a) ESTABLISHMENT.—There is established a fellow-  
 20 ship program under which the Secretary, in consultation  
 21 with the Secretary of Health and Human Services and  
 22 subject to the availability of appropriations, shall award  
 23 fellowships to eligible nationals to pursue public health  
 24 education or training, as follows:

25 (1) MASTER OF PUBLIC HEALTH DEGREE.—  
 26 Graduate courses of study leading to a master of

1 public health degree with a concentration in epidemi-  
2 ology from an institution of higher education in the  
3 United States with a Center for Public Health Pre-  
4 paredness, as determined by the Director of the Cen-  
5 ters for Disease Control and Prevention.

6 (2) ADVANCED PUBLIC HEALTH EPIDEMIOLOGY  
7 TRAINING.—Advanced public health training in epi-  
8 demiology for public health professionals from eligi-  
9 ble developing countries to be carried out at the  
10 Centers for Disease Control and Prevention, an ap-  
11 propriate facility of a State, or an appropriate facil-  
12 ity of another agency or department of the United  
13 States (other than a facility of the Department of  
14 Defense or a national laboratory of the Department  
15 of Energy) for a period of not less than 6 months  
16 or more than 12 months.

17 (b) SPECIALIZATION IN BIOTERRORISM.—In addition  
18 to the education or training specified in subsection (a),  
19 each recipient of a fellowship under this section (in this  
20 section referred to as a “fellow”) may take courses of  
21 study at the Centers for Disease Control and Prevention  
22 or at an equivalent facility on diagnosis and containment  
23 of likely bioterrorism agents.

24 (c) FELLOWSHIP AGREEMENT.—

1           (1) IN GENERAL.—A fellow shall enter into an  
2           agreement with the Secretary under which the fellow  
3           agrees—

4                   (A) to maintain satisfactory academic  
5           progress, as determined in accordance with reg-  
6           ulations issued by the Secretary and confirmed  
7           in regularly scheduled updates to the Secretary  
8           from the institution providing the education or  
9           training on the progress of the fellow’s edu-  
10          cation or training;

11                   (B) upon completion of such education or  
12          training, to return to the fellow’s country of na-  
13          tionality or last habitual residence (so long as  
14          it is an eligible developing country) and com-  
15          plete at least 4 years of employment in a public  
16          health position in the government or a non-  
17          governmental, not-for-profit entity in that coun-  
18          try or, with the approval of the Secretary, com-  
19          plete part or all of this requirement through  
20          service with an international health organiza-  
21          tion without geographic restriction; and

22                   (C) that, if the fellow is unable to meet the  
23          requirements described in subparagraph (A) or  
24          (B), the fellow shall reimburse the United  
25          States for the value of the assistance provided

1 to the fellow under the fellowship program, to-  
2 gether with interest at a rate that—

3 (i) is determined in accordance with  
4 regulations issued by the Secretary; and

5 (ii) is not higher than the rate gen-  
6 erally applied in connection with other  
7 Federal loans.

8 (2) WAIVERS.—The Secretary may waive the  
9 application of subparagraph (B) or (C) of paragraph  
10 (1) if the Secretary determines that it is in the na-  
11 tional interest of the United States to provide such  
12 a waiver.

13 (d) AGREEMENT.—The Secretary, in consultation  
14 with the Secretary of Health and Human Services, is au-  
15 thorized to enter into an agreement with the government  
16 of an eligible developing country under which such govern-  
17 ment agrees—

18 (1) to establish a procedure for the nomination  
19 of eligible nationals for fellowships under this sec-  
20 tion;

21 (2) to guarantee that a fellow will be offered a  
22 professional public health position within the devel-  
23 oping country upon completion of the fellow's stud-  
24 ies; and

1           (3) to submit to the Secretary a certification  
2       stating that a fellow has concluded the minimum pe-  
3       riod of employment in a public health position re-  
4       quired by the fellowship agreement, including an ex-  
5       planation of how the requirement was met.

6       (e) PARTICIPATION OF UNITED STATES CITIZENS.—

7   On a case-by-case basis, the Secretary may provide for the  
8   participation of a citizen of the United States in the fel-  
9   lowship program under the provisions of this section if—

10           (1) the Secretary determines that it is in the  
11       national interest of the United States to provide for  
12       such participation; and

13           (2) the citizen of the United States agrees to  
14       complete, at the conclusion of such participation, at  
15       least 5 years of employment in a public health posi-  
16       tion in an eligible developing country or at an inter-  
17       national health organization.

18       (f) USE OF EXISTING PROGRAMS.—The Secretary,  
19   with the concurrence of the Secretary of Health and  
20   Human Services, may elect to use existing programs of  
21   the Department of Health and Human Services to provide  
22   the education and training described in subsection (a) if  
23   the requirements of subsections (b), (c), and (d) will be  
24   substantially met under such existing programs.



1 **SEC. 7. IN-COUNTRY TRAINING IN LABORATORY TECH-**  
2 **NIQUES AND DISEASE AND SYNDROME SUR-**  
3 **VEILLANCE.**

4 (a) **LABORATORY TECHNIQUES.—**

5 (1) **IN GENERAL.**—The Secretary, after con-  
6 sultation with the Secretary of Health and Human  
7 Services and the Secretary of Defense and in con-  
8 junction with elements of those departments that en-  
9 gage in activities of this type overseas, and subject  
10 to the availability of appropriations, shall provide as-  
11 sistance for short training courses for eligible na-  
12 tionals who are laboratory technicians or other pub-  
13 lic health personnel in laboratory techniques relating  
14 to the identification, diagnosis, and tracking of  
15 pathogens responsible for possible infectious disease  
16 outbreaks.

17 (2) **LOCATION.**—The training described in  
18 paragraph (1) shall be held outside the United  
19 States and may be conducted in facilities of the Cen-  
20 ters for Disease Control and Prevention located in  
21 foreign countries or in Overseas Medical Research  
22 Units of the Department of Defense, as appropriate.

23 (3) **COORDINATION WITH EXISTING PRO-**  
24 **GRAMS.**—The Secretary shall coordinate the training  
25 described in paragraph (1), where appropriate, with

1 existing programs and activities of international  
2 health organizations.

3 (b) DISEASE AND SYNDROME SURVEILLANCE.—

4 (1) IN GENERAL.—The Secretary, after con-  
5 sultation with the Secretary of Health and Human  
6 Services and the Secretary of Defense and in con-  
7 junction with elements of those departments that en-  
8 gage in activities of this type overseas, and subject  
9 to the availability of appropriations, shall establish  
10 and provide assistance for short training courses for  
11 eligible nationals who are health care providers or  
12 other public health personnel in techniques of dis-  
13 ease and syndrome surveillance reporting and rapid  
14 analysis of syndrome information using Geographic  
15 Information System (GIS) tools.

16 (2) LOCATION.—The training described in  
17 paragraph (1) shall be conducted via the Internet or  
18 in appropriate facilities located in a foreign country,  
19 as determined by the Secretary.

20 (3) COORDINATION WITH EXISTING PRO-  
21 GRAMS.—The Secretary shall coordinate the training  
22 described in paragraph (1), where appropriate, with  
23 existing programs and activities of international re-  
24 gional and international health organizations.

1 **SEC. 8. ASSISTANCE FOR THE PURCHASE AND MAINTENANCE OF PUBLIC HEALTH LABORATORY**  
2 **EQUIPMENT AND SUPPLIES.**  
3

4 (a) **AUTHORIZATION.**—The President is authorized to  
5 provide, on such terms and conditions as the President  
6 may determine, assistance to eligible developing countries  
7 to purchase and maintain the public health laboratory  
8 equipment and supplies described in subsection (b).

9 (b) **EQUIPMENT AND SUPPLIES COVERED.**—The  
10 equipment and supplies described in this subsection are  
11 equipment and supplies that are—

12 (1) appropriate, to the extent possible, for use  
13 in the intended geographic area;

14 (2) necessary to collect, analyze, and identify  
15 expeditiously a broad array of pathogens, including  
16 mutant strains, which may cause disease outbreaks  
17 or may be used in a biological weapon;

18 (3) compatible with general standards set forth  
19 by the World Health Organization and, as appropriate,  
20 the Centers for Disease Control and Prevention,  
21 to ensure interoperability with international regional  
22 and international public health networks; and

23 (4) not defense articles, defense services, or  
24 training, as such terms are defined in the Arms Export  
25 Control Act (22 U.S.C. 2751 et seq.).

1       (c) RULE OF CONSTRUCTION.—Nothing in this sec-  
2 tion shall be construed to exempt the exporting of goods  
3 and technology from compliance with applicable provisions  
4 of the Export Administration Act of 1979 (as in effect  
5 pursuant to the International Emergency Economic Pow-  
6 ers Act; 50 U.S.C. 1701 et seq.).

7       (d) LIMITATION.—Amounts appropriated to carry  
8 out this section shall not be made available for the pur-  
9 chase from a foreign country of equipment or supplies  
10 that, if made in the United States, would be subject to  
11 the Arms Export Control Act (22 U.S.C. 2751 et seq.)  
12 or likely be barred or subject to special conditions under  
13 the Export Administration Act of 1979 (as in effect pursu-  
14 ant to the International Emergency Economic Powers Act;  
15 50 U.S.C. 1701 et seq.).

16       (e) PROCUREMENT PREFERENCE.—In the use of  
17 grant funds authorized under subsection (a), preference  
18 should be given to the purchase of equipment and supplies  
19 of United States manufacture. The use of amounts appro-  
20 priated to carry out this section shall be subject to section  
21 604 of the Foreign Assistance Act of 1961 (22 U.S.C.  
22 2354).

23       (f) COUNTRY COMMITMENTS.—The assistance pro-  
24 vided under this section for equipment and supplies may  
25 be provided only if the eligible developing country that re-

1 ceives such equipment and supplies agrees to provide the  
 2 infrastructure, technical personnel, and other resources re-  
 3 quired to house, maintain, support, secure, and maximize  
 4 use of such equipment and supplies.

5 **SEC. 9. ASSISTANCE FOR IMPROVED COMMUNICATION OF**  
 6 **PUBLIC HEALTH INFORMATION.**

7 (a) ASSISTANCE FOR PURCHASE OF COMMUNICATION  
 8 EQUIPMENT AND INFORMATION TECHNOLOGY.—The  
 9 President is authorized to provide, on such terms and con-  
 10 ditions as the President may determine, assistance to eligi-  
 11 ble developing countries to purchase and maintain the  
 12 communications equipment and information technology  
 13 described in subsection (b), and the supporting equipment,  
 14 necessary to effectively collect, analyze, and transmit pub-  
 15 lic health information.

16 (b) COVERED EQUIPMENT.—The communications  
 17 equipment and information technology described in this  
 18 subsection are communications equipment and informa-  
 19 tion technology that—

20 (1) are suitable for use under the particular  
 21 conditions of the area of intended use;

22 (2) meet the standards set forth by the World  
 23 Health Organization and, as appropriate, the Sec-  
 24 retary of Health and Human Services, to ensure

1 interoperability with like equipment of other coun-  
2 tries and international organizations; and

3 (3) are not defense articles, defense services, or  
4 training, as those terms are defined in the Arms Ex-  
5 port Control Act (22 U.S.C. 2751 et seq.).

6 (c) RULE OF CONSTRUCTION.—Nothing in this sec-  
7 tion shall be construed to exempt the exporting of goods  
8 and technology from compliance with applicable provisions  
9 of the Export Administration Act of 1979 (as in effect  
10 pursuant to the International Emergency Economic Pow-  
11 ers Act; 50 U.S.C. 1701 et seq.).

12 (d) LIMITATION.—Amounts appropriated to carry  
13 out this section shall not be made available for the pur-  
14 chase from a foreign country of communications equip-  
15 ment or information technology that, if made in the  
16 United States, would be subject to the Arms Export Con-  
17 trol Act (22 U.S.C. 2751 et seq.) or likely be barred or  
18 subject to special conditions under the Export Administra-  
19 tion Act of 1979 (as in effect pursuant to the Inter-  
20 national Emergency Economic Powers Act; 50 U.S.C.  
21 1701 et seq.).

22 (e) PROCUREMENT PREFERENCE.—In the use of  
23 grant funds under subsection (a), preference should be  
24 given to the purchase of communications equipment and  
25 information technology of United States manufacture. The

1 use of amounts appropriated to carry out this section shall  
2 be subject to section 604 of the Foreign Assistance Act  
3 of 1961 (22 U.S.C. 2354).

4 (f) ASSISTANCE FOR STANDARDIZATION OF REPORT-  
5 ING.—The President is authorized to provide, on such  
6 terms and conditions as the President may determine,  
7 technical assistance and grant assistance to international  
8 health organizations to facilitate standardization in the re-  
9 porting of public health information between and among  
10 developing countries and international health organiza-  
11 tions.

12 (g) COUNTRY COMMITMENTS.—The assistance pro-  
13 vided under this section for communications equipment  
14 and information technology may be provided only if the  
15 eligible developing country that receives such equipment  
16 and technology agrees to provide the infrastructure, tech-  
17 nical personnel, and other resources required to house,  
18 maintain, support, secure, and maximize use of such  
19 equipment and technology.

20 **SEC. 10. ASSIGNMENT OF PUBLIC HEALTH PERSONNEL TO**  
21 **UNITED STATES MISSIONS AND INTER-**  
22 **NATIONAL ORGANIZATIONS.**

23 (a) IN GENERAL.—Upon the request of the chief of  
24 a diplomatic mission of the United States or of the head  
25 of an international regional or international health organi-

1 zation, and with the concurrence of the Secretary and of  
2 the employee concerned, the head of an agency or depart-  
3 ment of the United States may assign to the mission or  
4 the organization any officer or employee of the agency or  
5 department that occupies a public health position within  
6 the agency or department for the purpose of enhancing  
7 disease and pathogen surveillance efforts in developing  
8 countries.

9 (b) REIMBURSEMENT.—The costs incurred by an  
10 agency or department of the United States by reason of  
11 the detail of personnel under subsection (a) may be reim-  
12 bursed to that agency or department out of the applicable  
13 appropriations account of the Department of State if the  
14 Secretary determines that the agency or department may  
15 otherwise be unable to assign such personnel on a non-  
16 reimbursable basis.

17 **SEC. 11. EXPANSION OF CERTAIN UNITED STATES GOVERN-**  
18 **MENT LABORATORIES ABROAD.**

19 (a) IN GENERAL.—Subject to the availability of ap-  
20 propriations, the Director of the Centers for Disease Con-  
21 trol and Prevention and the Secretary of Defense shall  
22 each—

23 (1) increase the number of personnel assigned  
24 to laboratories of the Centers for Disease Control  
25 and Prevention or the Department of Defense, as



1 appropriate, located in eligible developing countries  
2 that conduct research and other activities with re-  
3 spect to infectious diseases; and

4 (2) expand the operations of such laboratories,  
5 especially with respect to the implementation of on-  
6 site training of foreign nationals and activities af-  
7 fecting the region in which the country is located.

8 (b) COOPERATION AND COORDINATION BETWEEN  
9 LABORATORIES.—Subsection (a) shall be carried out in  
10 such a manner as to foster cooperation and avoid dupli-  
11 cation between and among laboratories.

12 (c) RELATION TO CORE MISSIONS AND SECURITY.—  
13 The expansion of the operations of the laboratories of the  
14 Centers for Disease Control and Prevention or the Depart-  
15 ment of Defense located in foreign countries under this  
16 section may not—

17 (1) detract from the established core missions  
18 of the laboratories; or

19 (2) compromise the security of those labora-  
20 tories, as well as their research, equipment, exper-  
21 tise, and materials.

1 **SEC. 12. ASSISTANCE FOR INTERNATIONAL HEALTH NET-**  
2 **WORKS AND EXPANSION OF FIELD EPIDEMI-**  
3 **LOGY TRAINING PROGRAMS.**

4 (a) **AUTHORITY.**—The President is authorized, on  
5 such terms and conditions as the President may deter-  
6 mine, to provide assistance for the purposes of—

7 (1) enhancing the surveillance and reporting ca-  
8 pabilities for the World Health Organization and ex-  
9 isting international regional and international health  
10 networks; and

11 (2) developing new international regional and  
12 international health networks.

13 (b) **EXPANSION OF FIELD EPIDEMIOLOGY TRAINING**  
14 **PROGRAMS.**—The Secretary of Health and Human Serv-  
15 ices is authorized to establish new country or regional  
16 international Field Epidemiology Training Programs in el-  
17 igible developing countries.

18 **SEC. 13. REPORTS.**

19 Not later than 90 days after the date of enactment  
20 of this Act, the Secretary, in conjunction with the Sec-  
21 retary of Health and Human Services and the Secretary  
22 of Defense, shall submit to the Committee on Foreign Re-  
23 lations of the Senate and the Committee on Foreign Af-  
24 fairs of the House of Representatives a report on the im-  
25 plementation of programs under this Act, including an es-

1 timate of the level of funding required to carry out such  
2 programs at a sufficient level.

3 **SEC. 14. AUTHORIZATION OF APPROPRIATIONS.**

4 (a) AUTHORIZATION OF APPROPRIATIONS.—Subject  
5 to subsection (c), there are authorized to be appropriated  
6 for the purpose of carrying out activities under this Act  
7 the following amounts:

8 (1) \$40,000,000 for fiscal year 2008.

9 (2) \$75,000,000 for fiscal year 2009.

10 (b) AVAILABILITY OF FUNDS.—The amounts appro-  
11 priated pursuant to subsection (a) are authorized to re-  
12 main available until expended.

13 (c) LIMITATION ON OBLIGATION OF FUNDS.—Not  
14 more than 10 percent of the amount appropriated pursu-  
15 ant to subsection (a)(1) may be obligated before the date  
16 on which a report is submitted, or required to be sub-  
17 mitted, whichever first occurs, under section 13.

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110TH CONGRESS  
1ST Session

**S. 1687**

[Report No. 110-152]

**A BILL**

To provide for global pathogen surveillance and response.

SEPTEMBER 11, 2007

Reported without amendment